

Name
in
Full

May Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>River Springs</i> Town		<i>St Mary's</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>12</i>	Day <i>20</i>	Years <i>31</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>ind</i>		
Occupation <i>None</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Douglas Butler</i>			
Father's Name <i>Edward Hoppers</i>		Father's Birthplace <i>ind</i>			
Mother's Maiden Name <i>Anne A Shaw</i>		Mother's Birthplace <i>ind</i>			
Name of person giving information <i>George Butler</i>		<i>170</i>		How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

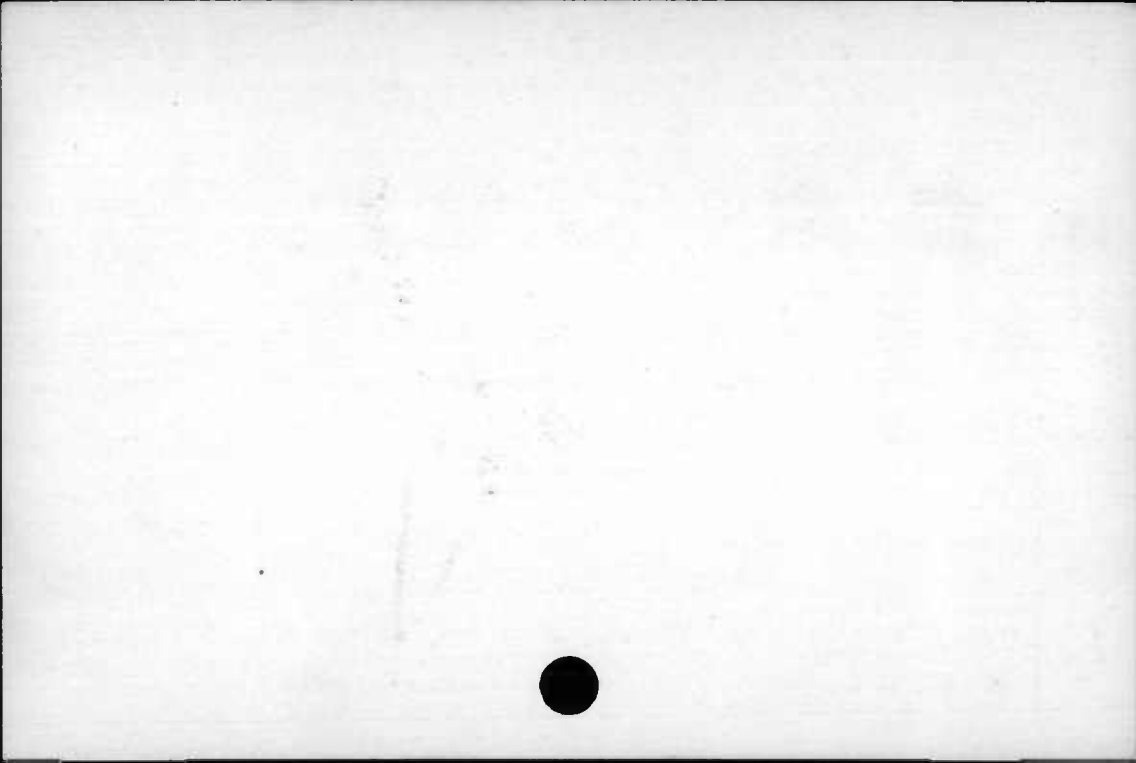
Primary <i>Chronic Interstitial nephritis</i>	How long <i>2 years</i>
Immediate <i>Macemic Convulsions</i>	How long <i>4 day's</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Robt. V. Palmer</i>
	Address <i>Palmer</i>
Accident or Suicide?	<i>ind</i>



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full Mary John Cheseldine		Town River Springs		County Shirley		CERTIFICATE OF DEATH	
Died at River Springs		Month 12		Day 13		Years 20	
Date of death 1905		Month 12		Day 13		Age 20	
Sex Female		Color or Race White		Birth-place und		MARYLAND	
Occupation none		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name John Cheseldine		Father's Birthplace und					
Mother's Maiden Name Adelaide Cheseldine		Mother's Birthplace					
Name of person giving information George Cheseldine		How related to deceased Cousin					
CAUSES OF DEATH							
Primary Chronic nephritis		How long 6 years					
Immediate Dysentery		How long 3 weeks					
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician R. M. Palmer		Address Palmer			
Accident or Suicide?							



Name
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Full

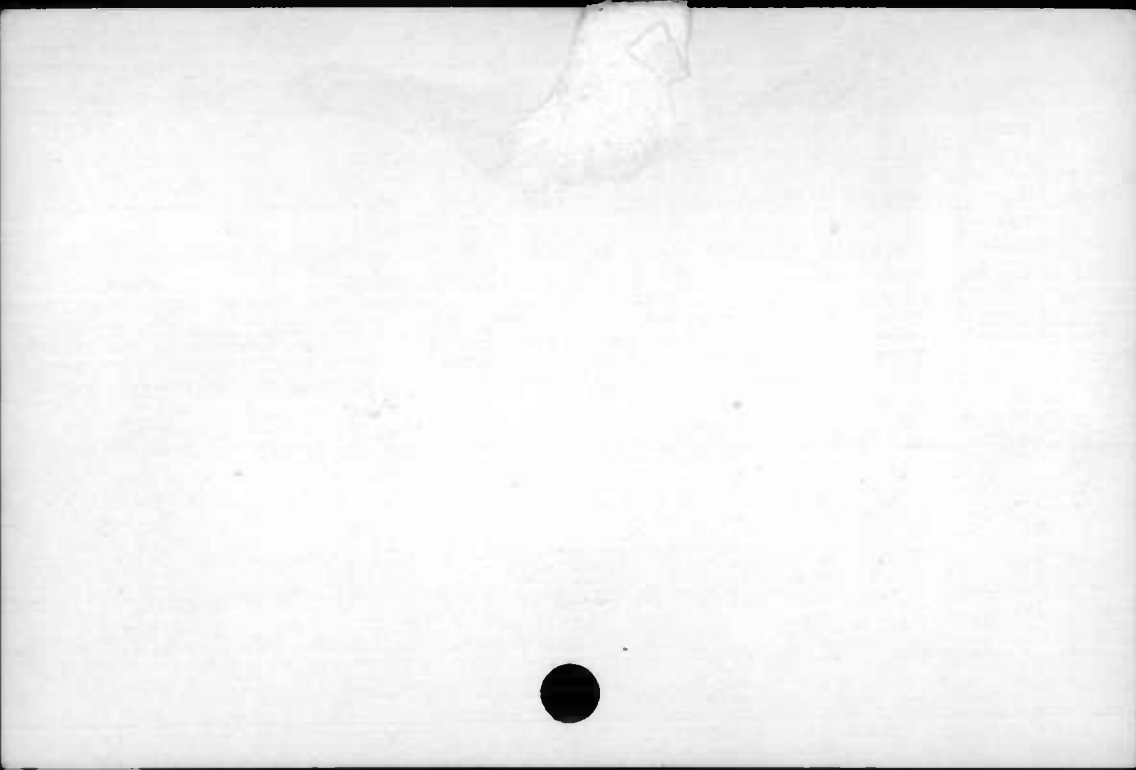
CERTIFICATE OF DEATH

Joseph Clark

Died at <i>ahlers</i> ^{Town}		<i>St. Mary's</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>12</i>	Day <i>27</i>	Years <i>40</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>md</i>	
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Lucinda Clark</i>			
Father's Name <i>James Clark</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Sylvia Clark</i>			Mother's Birthplace <i>md</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Pulmonary Tuberculosis</i>	How long <i>16 mos.</i>
	Immediate	How long
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Roll. V. Palmer</i>
		Address <i>Palmer</i>
	Accident or Suicide?	<i>md</i>



Name
in
Full

Margaret May Dunbar

CERTIFICATE OF DEATH

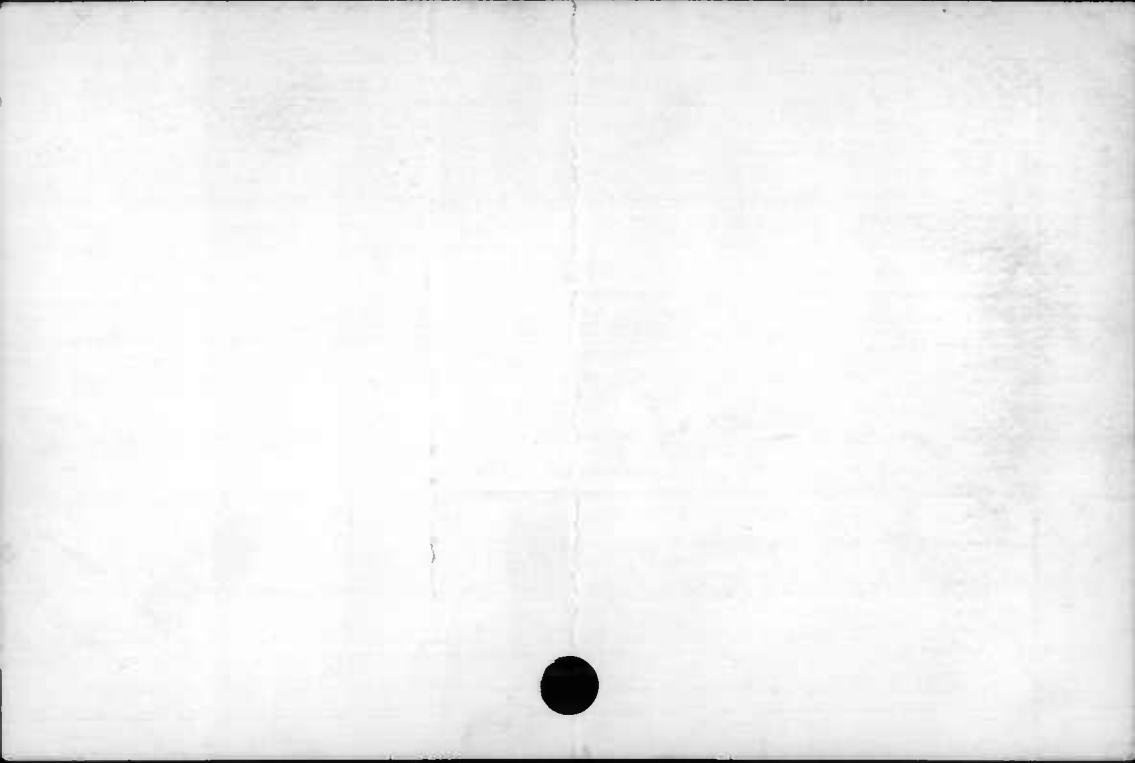
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wynm</u> Town <u>St Marys</u> County		MARYLAND	
Date of death <u>1905</u> Month <u>Dec</u> Day <u>17</u>	Age <u>20</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Virginia</u>	
Occupation		Where Residing if not at place of death	
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Fredrick V. Dunbar</u>		
Father's Name <u>John J. Dunbar</u>	Father's Birthplace <u>Va</u>		
Mother's Maiden Name <u>Anna Broughton</u>	Mother's Birthplace <u>Va</u>		
Name of person giving information <u>Mrs. Margaret Dunbar</u>	How related to deceased <u>Sister-in-law</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid Fever</u>	How long <u>2 weeks</u>
Immediate <u>Exhaustion</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>P. H. Lloyd, M.D.</u>
	Address <u>Ridgely Rd</u>
Accident or Suicide? <u>Accident</u>	<u>Md</u>



Name
in
Full

Lizzie Rich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Mechanicsville</u>		Town <u>St. Henry's</u>		County		
Date of death <u>1905-</u>		Month <u>Dec.</u>	Day <u>22</u>	Years <u>Age about 30</u>	Months <u> </u>	Days <u> </u>
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Maryland</u>		
Occupation <u>General House Keeper</u>		Where Residing if not at place of death <u>near Mechanicsville, Ind.</u>				
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>L. Rich</u>				
Father's Name <u>Buck. Darsey</u>		Father's Birthplace <u>Ind.</u>				
Mother's Maiden Name <u>Rachael Gross</u>		Mother's Birthplace <u>Ind.</u>				
Name of person giving information <u>Henry Shirley</u>		How related to deceased <u>Son-in-law</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cancer of the uterus</u>	How long <u>A year or more</u>
Immediate <u>Hemorrhage</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Jash. R. Morgan, M.D.</u>
	Address <u>Mechanicsville, Maryland</u>
Accident or Suicide? <u> </u>	



Mrs S. G. Rooke

Town

County

Died at

MARYLAND

Piney Point

St. Mary's

Date 1905

Month Day

Dec. 18-

Age

Y. M. D.

62 - -

Native of

St. Mary's

Occupation

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

one

Husband

of

Wife

Father's

Name

Joseph W. Rooke

Mother's

Maiden Name

Cause of

Primary

Chronic Bright's Disease

Death

Immediate

Cerebral hemorrhage.

How long sick

Several hours

~~Accident, Suicide, Homicide~~

Reported by

T. H. Hopper, M.D.

Address

Valley Lee, St. Mary's Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Robert Edward Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		12	14	2			
Sex		Color or Race		Birth-place			
male		white		und			
Occupation				Where Residing if not at place of death			
Farmer							
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
James Edward Turner		und					
Mother's Maiden Name		Mother's Birthplace					
Nbecca Phillips		und					
Name of person giving information		How related to deceased					
James Edward Turner		Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Acute Bunching pneumonia	4 day's
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	Ro H. V. Palmer
	Address
	Palmer
Accident or Suicide?	
	und

